U.S. Peters and Tradement Office; U.S. DEPARTMENT OF COMMERCE

Under the Peperson Reduction Act of 1905, no persons are required to respond to a collection of information unless & displays a yelld CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 Substitute for Form PTO-875 MON APPLICATION AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1). NUMBER EXTRA RATE (1) FEE (1) NUMBER FILED FEE GI RATE (SI FOR 300.00 150.00 N/A BASIC FEE N/A AL/A (C) CFR 1 18(4) [0] @ (C) \$250 \$600 SEARCH FEE NIA NA N/A NA (37 CFR 1 16(4, 14. or (ml) EXAMINATION FEE 144 \$200 \$100 NA BACK. MA (37 CFR 1 18(d. (r). or (d)) TOTAL CLAMS X\$50 X1 25 Ó minus 20 · D7.0FR 116(4) X200 MOEPENDENT CLAIMS X100 C sunm (37 OFR 1 16(N) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each FEE . 07 OFR 1 16(1) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). +360= +180= MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1 16(1)) TOTAL . of the difference in column 1 is less than zero, enter "O" in column 2. TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR SMALL ENTITY . (Column 2) (Column 3): SMALL ENTITY (Column 1) HIGHEST CLADAS ADDI-PRESENT RATE 61 ADDI-RATE (5) NUMBER REMAINING -81 TIONAL EXTRA TIONAL PREVIOUSLY AFTER FEE (5) FEE (S) MENDMENT PAID FOR X\$50 X\$ 25 Total OR GI CIA LINA **X200** X100 Independent -OF CFR LIEDS OR Application Size Fee (37 CFR 1.16(6)) +360= 4180s PRST PRESENTATION OF MATIFUE DEPENDENT CLAIM (ST CFR 1.140) OR TOTAL TOTAL ADO'L FEE ADO'L FEE (Column 2) (Column 3) (Column 1) CLAMS HIGHEST ADDI-PRESENT RATE (\$) RATE (S) ADDI-REMAINING MI MRFR 3/8/06 TIONAL FEE (5) TIONAL **EXTRA** PREVIOUSLY AFTER. FEE (5) ENDMENT PAID FOR AMENDMENT 30 Minus 10 X\$50 30 X\$ 25 Total OR OF OFR LIMIT X100 X200 tadependent GF CPR LSEAD OR Application Size Fee (37 CFR 1.16(s)) +360± FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (ST CFR 1.16@) +180a OR TOTAL' 3500 TOTAL OR ADDIL FEE ADD'L FEE # If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

# If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20".

# If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

In collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the

<sup>#</sup>TO to process) on application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. buding gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the Individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Indemnation Officer, U.S. Patient & Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.